



Request for D.Min. Leave of Absence

Leave of Absence

Students who are regularly admitted to the Doctor of Ministry degree program are expected to be enrolled in each term of the regular academic year in order to maintain steady progress toward the completion of their degree. In the event that a student believes that such progress must be temporarily interrupted, and that it is not possible to enroll as a part-time student in one regular academic year, the student should submit to the Registrar a completed **Request for Leave of Absence** form. The form must be submitted before the beginning of the year for which the leave is requested, and must indicate the reasons for the request. A student may request a leave of no more than one academic year. Upon the approval of the leave, the student shall be entered into the Northern Seminary records and registration system as being on leave of absence. This entry will maintain the student status of each individual on leave, however, students on leave of absence do not qualify for deferment of their student loans, or for an extension of the length of their program.

Leave of Absence Fee = \$50

Each student on an approved leave of absence will be charged a fee of \$50 per term towards maintenance of their student status. This fee will cover the same activities generally covered by the registration fee, and will guarantee the student access to campus resources such as the library and advising time during the approved leave of absence.

Any questions regarding Leave of Absence should be directed to the Office of the Registrar.

Student's Name: _____ **DATE:** _____

Requesting Leave For: **FALL WINTER SPRING SUMMER** **Year(s):** _____
(Circle all that apply)

Reason(s) for Requesting Leave of Absence (Please give as much information as possible.
Use an additional sheet or letter if needed):

Student's Signature: _____

-Items below this line are for office use only-

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APPROVED / NOT APPROVED

Reason: _____

D.Min. Director's Signature: _____ **DATE:** _____

Registrar's Signature: _____ **DATE:** _____

